The Campus Bulletin

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO NOVEMBER 1972 Volume 5, Number 7

UNIQUE MEDICAL CLINIC AIDS TRIQUE INDIANS IN MEXICO

By Joan Spiegelhalter

In the village of Chicahuaxtla, perched 9000 feet on a saddle between two peaks of the Sierra Madre mountain range in the state of Oaxaca, reside 2000 Trique Indians. Each side of the market square looks out on spectacular views down to sugar cane fields 7000 feet below. The Triques, now numbering only 15,000, have a five-tonal language unique to the western hemisphere, and their curious matrimonial and medical customs have long fascinated anthropologists.

They live in windowless huts with earth floors, thatched roofs, and log or mud-and-wattle walls. They have no furniture, cook on a little fire between three stones in the middle of the hut, subsist on an almost exclusive diet of tortillas, and have horrendous health problems caused by chronic malnutrition and a total lack of sanitation.

. . . Chicahuaxtla sits 9000 feet on a saddle between two Sierra Madre peaks in Oaxaca, Mexico. Dr. Catchpool's Winnebago sits in the Village Square as residents converge on the marketplace. Ruins of a centuries-old church are at end of main street.

WHOLE FAMILIES DIE

At night the families huddle together under one blanket close to the fire. Under these conditions, whole families die of infectious diseases such as tuberculosis, Shigella dysenteries, and streptococcal skin infections which later affect joints, heart and kidneys. One out of every two children born alive dies before the age of 12.

Four years ago the Mexican government built a one-room clinic in Chicahuaxtla, intending to staff it with newly graduated doctors called *pasantes,* but Mexico does not yet have enough health personnel or funds to staff all the village clinics they have built. The terrible machete wounds often went unattended. The children's bellies were distended with intestinal parasites and their feet were swollen from malnutrition or kidney disease.

NEW ARRIVAL

Then, one day in November 1970 a strange vehicle – a medical clinic adapted from a Winnebago mobile home – lurched down the rocky path into the village. Out of it stepped a man who towered over the tiny Triques. His face was youthful but he had white hair. And things have not been the same since.

John F. Catchpool, M.D., assistant research epidemiologist of the Hooper Foundation, University of California, San Francisco, set up shop in the little government building. His co-workers were two UCSF medical students. At first the team approached the villagers with caution because of the Triques' extreme shyness and known hostility toward strangers, but gradually word got around that there was no danger and that free medicines were being given to those in need. Soon whole families willingly submitted to physical examinations, some having travelled for many hours to reach the clinic. No one was allowed to leave empty-handed; if no treatable condition was diagnosed a few iron tablets for anemia or a vitamin preparation were dispensed.

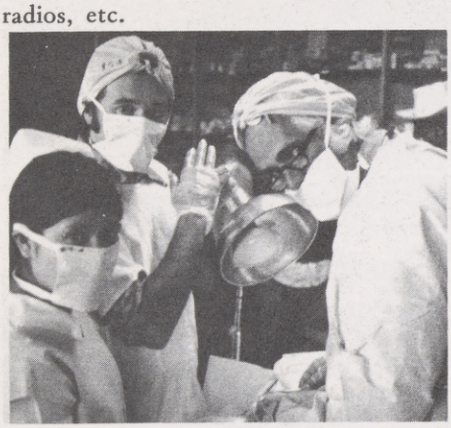
SCHWEITZER'S CHIEF DOCTOR

Dr. Catchpool is eminently qualified to direct a project designed to study the problems of delivering medical care in the rural areas of developing countries: he was chief doctor of the Albert Schweitzer Hospital in Lambarene from 1956 to 1959; he worked in Libreville, Gabon, and in the Biafran enclave to aid the starving children during the Biafra-Nigeria war, 1968-69; and he had been a research fellow with Professor Linus Pauling at the California Institute of Technology, 1960-64. After a two-month search he selected Chicahuaxtla as being "ideal" for a study

of the effects of cultural practices, extreme poverty and constant malnutrition on the physical and mental development of a genetically pure population.

A key factor in gaining the confidence of the Triques was an 18-year-old girl, Otilia Sandoval, the daughter of the village "Presidente." She speaks both Spanish and Trique and became the excellent interpreter, nurse, and nutrition-advisor of the medical team. Other help came from a Mennonite linguist-anthropologist, the only non-Trique able to speak the language.

New road building and bus service have made the village more accessible to the inroads of the outside world, and Dr. Catchpool both welcomes and fears the effects of the twentieth century upon the Trique culture. Whereas the construction this year of a piped water supply has helped sanitation, centuries-old traditions are being eroded: for instance, eggs, instead of being fed to children, are being traded for bottled beverages, transistor radios, etc.



Dr. Catchpool (r) and assistants prepare for surgery at the Clinic.

'APPRECIABLE EFFECT'

The clinic now houses an ancient but functioning X-ray machine, a microscope, home-made medicine cabinets, book shelves, a bacteriology lab, incubators, centrifuges, petri dishes, examining table, etc. There is even a thatch-roofed "loaner" hut for those too ill to walk home.

Dr. Catchpool has the highest praise for the medical students who have elected to spend the last three months of medical school in this primitive mountain village. "The painstaking medical care they have provided has already had an appreciable effect on the morbidity and mortality of the Triques," he said.

WHY IMPORTANT

"They seem inspired rather than discouraged by the large amount of work under strange and difficult conditions. They quickly see the relevance of all they have learned and obtain great satisfaction from being able to relieve suffering and save lives with a few injections, pills or minor surgery.

Otilia Sandoval, daughter of village "presidente," serves as interpreter for UCSF students Robert Blum (l), Rich Mentzer (r)—both now medical interns—and UCSF employee Pam Hemphill (c).

"They learn first-hand the problems of delivering medical care to unsophisticated peoples. The village contains a sample of the world's major health problems yet to be conquered – malnutrition, intestinal parasites, sanitation, tuberculosis, measles, alcoholism. For example, this year we have identified 12 cases of Shigella type I dysentery, not known previously to exist in the state – the strain identical to the one that in 1968 killed 20,000 children in Guatemala.

"This is the students' first and probably last chance to become 'the whole man,' as Dr. Schweitzer used to say, or to become the omni-competent doctor, able to rehydrate moribund children suffering with dysentery, to take and develop X-rays, reduce fractures, apply plasters, incise abscesses, elevate depressed skull fractures, suture machete wounds, extract teeth, and fix transistor radios – all in one day. To make things more difficult, they have to do their own lab work and obtain histories, working through two foreign languages with people who have no concept of the causation of disease, who don't know how old they are and whose names may appear to change overnight, and who do not even realize that doctors need to examine them before making a diagnosis and dispensing medicine."

Dr. Catchpool added that students returning to work in bay area hospitals find that they can now communicate with their Chicano patients and have a new insight into their problems. "They have seen how good medical care can be effectively delivered with a minimum of equipment and drugs."

As an indication of student enthusiasm for the experience, Wolfgang Dengler told Dr. Catchpool: "This has been the best and most exciting training I've had in medical school."

FUNDING EXHAUSTED

Other co-workers have been anthropologists, physicians, entomologists and nurses, and several epidemiological and anthropological studies are being carried

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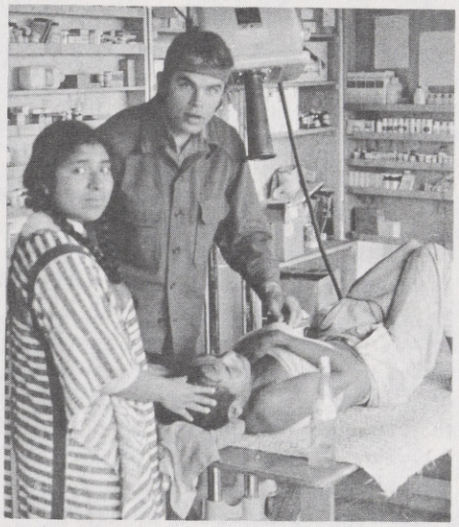
Medical student Wolfgang Dengler (June '72) watches Trique Indians barbecue an entire cow. Because its leg was broken, the villagers killed it for food – a rare treat.

Young Trique mother sits in clinic waiting room with her daughter and infant son, held beneath her shawl. The infant died later of severe malnutrition when the mother stopped nursing him.

A Trique man and 7 of his family of 12. All Trique women wear the "Huipil", a dress of red, white and blue cotton, woven on a loom. June Auerbach who visited the village with her husband, Dr. Robert Hiatt, has written a book on The Weaving of San Andreas Chicahuaxtla, the result of her learning experience in weaving the "huipil."

Trique mother brings child to the clinic with classic case of "Biafra-style" Kwashiorkor, a condition caused by severe protein deficiency. Domestic meat animals are sold at market to purchase more basic foods such as flour, beans. They seldom eat eggs, meat or fruit. Money from sale of animals also buys alcohol, cokes.



UCSF med student (now interning), Bob Hiatt, and Otilia Sandoval prepare to X-ray villager's chest for injuries sustained in a typical village brawl after a bout of drinking.

A major health problem, in addition to chronic malnutrition, is drinking. Men buy coke bottles filled with aguardiente de cana, or palm liquor, crude but powerful. Results include gun and machete wounds, such as this wound above. Before the clinic, men died of such wounds. One woman died of liver failure due to alcohol.

Otilia stands by her home at the edge of the village, wearing American skirt and sweater. Trique houses are generally rectangular, machete-finished wood beam construction with notched corners, a single door, no windows and a low peaked roof covered with split wood shingles or thatch and no chimney. Insulation is achieved with mud and leaf packings. The doors have no hinges, but are mounted on a rotating pivot.

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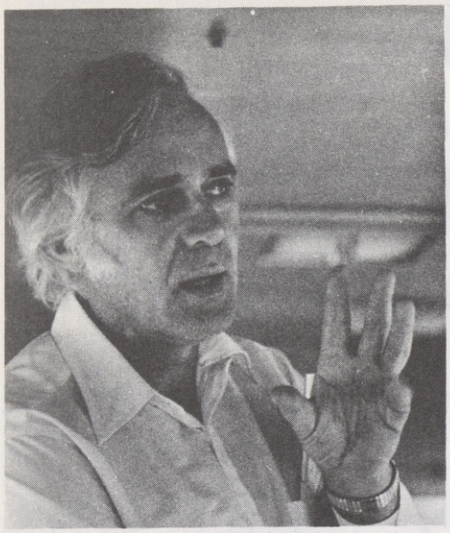


". . . Students obtain great satisfaction from being able to relieve suffering . . . . . . to be able to reduce fractures, apply plasters, incise abcesses, suture machete wounds, extract teeth and fix transistor radios . . . all in one day."

out. Collaborators include Dr. David Bessudo, bacteriologist of the famed Instituto de Salubridad y Enfermedades Tropicales, and Dr. Egil P. Harvold, Professor of Dentistry at UCSF.

The project, which grew out of the student exchange program with the University of Oaxaca, headed by Drs. Robert S. Goldsmith and Paul Wilson, has until now been funded by a grant out of Hooper Foundation's International Center for Medical Research and Training. Unfortunately, the Chichuaxtla project will end in June when the funding expires.

A recent visitor to the project was Dr. Morris Schaeffer, World Health Organization project manager of the United Nations Development Program in Mexico. Impressed with the clinic's possibilities for specimen collection, clinical data and epidemiological follow-up, Dr. Schaeffer proposed a collaboration with Dr. Catchpool, offering additional equipment and help with the laboratory tests needed for epidemiological studies. His proposal letter summarizes why the project is so important:

" . . . Since so many of these diseases are preventable, you must have great satisfaction, not only to learn so much about diseases which have become rare in the U.S., but also to do something to reduce the morbidity and mortality of some of the illnesses with which these people are plagued . . . You could accomplish so much with only a little more help . . . "

All who have had a part in the Chicahuaxtla project hope that funds will be made available for its continuance.

UCSF OROFACIAL ANOMALIES CENTER

By Joan Spiegelhalter

A unique research and treatment program exists at the UCSF school of dentistry called the Section of Orofacial Anomalies, under the direction of Dr. Egil P. Harvold, professor of dentistry. Although there are similar centers, this is the only such center in the U.S. (and probably in the world) where six full time specialists (and many part time clinicians) devote themselves exclusively to guiding the growth and development of children born with malformations of the face and mouth.

In California today, one in every 600 to 700 children is born with a cleft lip, cleft palate, or both. With the impairments in eating, hearing, learning to speak, and the personal and social handicaps such a condition imposes, few patients present more persuasive evidence of the need for the coordinated skills of many experts and the comprehensive philosophy of treating the whole person and envisioning the child grown to an adult.

"The initial impulse of the parent is to say: 'Make my child normal immediately.' But this would be ruinous," says Dr. Harvold, "because it would not allow for the changes in growth as the child's jaw enlarges and his teeth erupt."

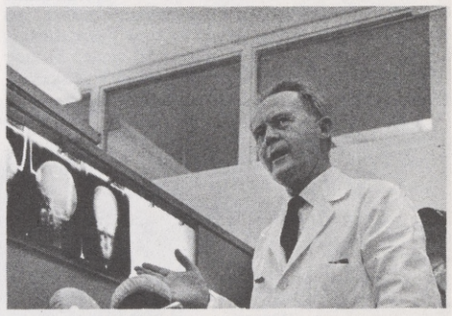
"In the past, emphasis was placed on achieving a good cosmetic effect. Plastic surgery is, of course, essential in the total treatment plan, but now stress is placed upon securing the full growth and development of the jaws so as to achieve the maximum normalcy possible. It takes 20 years for the face to mature, and throughout that time treatment must be evaluated and planned step by step."

Dr. Harvold explains that too early surgery may cause inhibition of the growth potential; consequently, some early operations have had to be revised. And waiting until the child is 12 years old to have his teeth straightened is just too late. "Here, children are treated early by orthodontists who are specially trained in the growth and developmental problems of congenital malformations," says Dr. Harvold. Another crucial consideration is the healthy emotional development of each child in the total treatment plan. "A child with a cleft lip or palate is just as intelligent as the next child and with the same sensitivities. Our total aim is to help that child grow to an adult who looks, feels and functions as well as possible."

Dr. Harvold gives an example of the wisdom of waiting in some cases: "Some children have an abnormally protruding upper jaw, but rather than surgically reducing this protrusion to obtain a better cosmetic appearance, we simply wait. We know the growth potential, and that in time the lower jaw will develop and 'catch up,' so to speak, with the upper jaw."

Another disfigurement successfully treated at the Section is asymmetry of the face, caused by unequal development between the right and left sides of the lower jaw, resulting in a twisted mouth and one ear being lower than the other. Utilizing the knowledge gained by their research, Dr. Harvold and his team graft a piece of bone from the patient's rib or hip to the defective jaw and engage the jaw muscles to stimulate tissue and bone cells to grow around the nucleus of the bone graft to form a functioning jaw bone. The final remarkable result is proper alignment of the features and normal appearance.

In addition to its expert staff, the Section has developed sophisticated instrumentation for pinpointing defective functions and providing accurate diagnoses as a basis for the best treatment possible, such as X-ray movies for periodic evaluation of palate function and to insure that the child's face is growing properly. Physicians from communities all over the State (and elsewhere) refer patients to this center for consultation, diagnosis and treatment. "Consultation is probably our most important service," says Dr. Harvold, "for with the expertise we can provide their own physicians, many children can be treated in their own communities."



Egil P. Harvold, D.D.S., Ph.D.

Most important is the role the Charitable Foundation of the Native Sons of the Golden West has played in the ability of the program to extend its services to many California children. For over 20 years the foundation has provided financial aid to children treated at the Cleft Palate Clinic in the amount of over $200,000. "We could not exist without their help," says Dr. Harvold.

SUMMER YOUTH PROGRAM

"If I had not spent this summer in the Division of Oral Surgery, I wouldn't have changed my career plans," said Alice Joseph, a June graduate from Woodrow Wilson High School.

Alice was one of the fifty-eight students hired in the Summer Youth Program at UCSF. Nearly 40,000 youngsters sought work this summer in the Bay Area, 5,000 in San Francisco alone. This was the fifth summer that students participated in the program at UCSF, working in a variety of jobs in various departments, laboratories and offices.

Like so many young people, Alice had an idea of what she wanted to do. But it was not until this summer that she made a final decision about her career. Kathy Guerrero, who will be a senior at Lowell High School, was interested in medicine; however, "after working in the pharmacy I know now that I want to become a pharmacist," said Kathy.

Jose Sandoval had plans to become a doctor, but it was not until he started working in Oral Roentgenology that he knew he had chosen the right field. "I had never worked in a hospital before, and I have enjoyed this summer so much I hope to come back next summer and then attend medical school here." Jose will be a senior at Mission High.

Many of the students will be coming back next summer, while others will continue working while going to school. Janet Ross will continue working in CVRI, finishing her last six months in high school and attending professional dance classes in the evening. "I had always hoped to be a dancer, but after my summer here I have decided to minor in biology. That way if I break a leg I will have something to fall back on," said Janet, with a wry smile.

UCSF sought to provide work, training, and educational experience for the youngsters, many of whom were from economically disadvantaged homes. Community agencies which participated were Youth for Service, Horizons Unlimited, Neighborhood Youth Corps, Catholic Youth Organization, Bay Area Urban League, Mission Rebels, the Earl Paltenghi Youth Center, and Polytechnic High School.

These agencies referred the youngsters through schools, contacts in the neighborhoods and street groups. Some of the agencies paid a part of the salary; and each hiring department at UCSF supplemented the balance of the salary from its own budget resources for a total of $2.24 per hour.

The program included summer recreation privileges, an enrichment program (lectures, campus tours, films, and career panels), and special counseling. The Youth Advisory Committee monitored the entire program.

"The man where I work told me I was college material and should think about a career in health. Now, that made sense," Darrall Kelly told reporters at news conference held by Summer Youth workers (l-r), Alice Joseph, Kelly, Mike Magdalup and Joyce Miles.

The program was coordinated by Personnel Department staff; Jean Born, Coordinator; Roland Joseph, Assistant Coordinator; and David Johnson, Director of Employee Development Division.

Medical careers are not the only ones pursued by program participants after a summer at this medical center. Virginia Robinson hopes to go into computer programming after she completes her final year at Polytechnic High. "While working in the University Relations and Public Information offices I received helpful experience in secretarial duties," said Virginia.

Wandolyn Dessman, a June graduate from Balboa High, has been working full-time in the Dean of Student's office. She also wants to pursue a secretarial career. "I have really benefited from the program and would recommend it to other students," Wandolyn said.

Diane Smith, who works in Central Supply, would like to become a nurse. She will stay on at UCSF in a secretarial position while going to City College, where she will study physiology and criminology.

One of the most important features of the Summer Youth Program is the fact that many of the students will continue working at UCSF after they return to school in the fall as part of the employee retention program. They will receive school credit and a salary, gaining valuable experience at the same time.

Superviosrs expressed satisfaction with the program and felt it had been so successful that all want to repeat the program next summer. Many supervisors asked to rehire their youth worker (as Jane Best did with Alice Joseph) during the school year.

Next summer, it is hoped that the program will expand and more funds will be made available so more youngsters can

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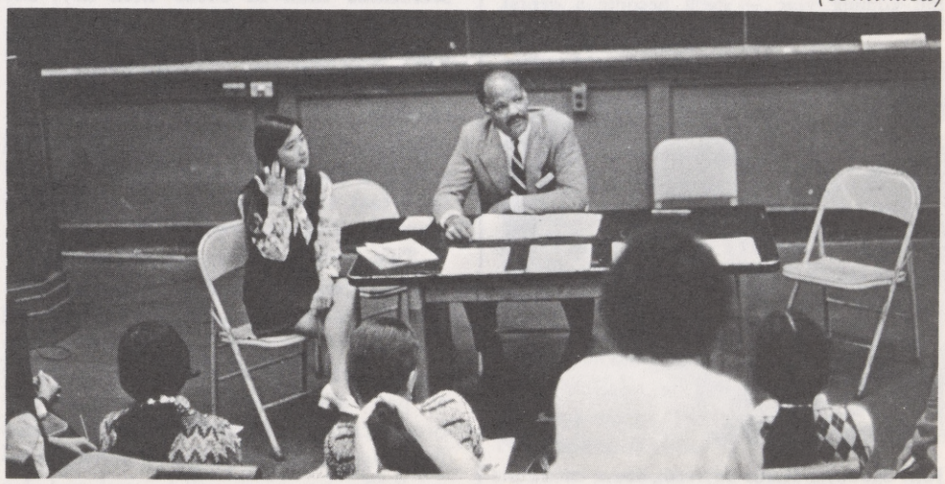

Kazue Nakahara, Personnel; and Don Bartlow, Hospital Administration, discuss career possibilities at Youth Panel discussion.

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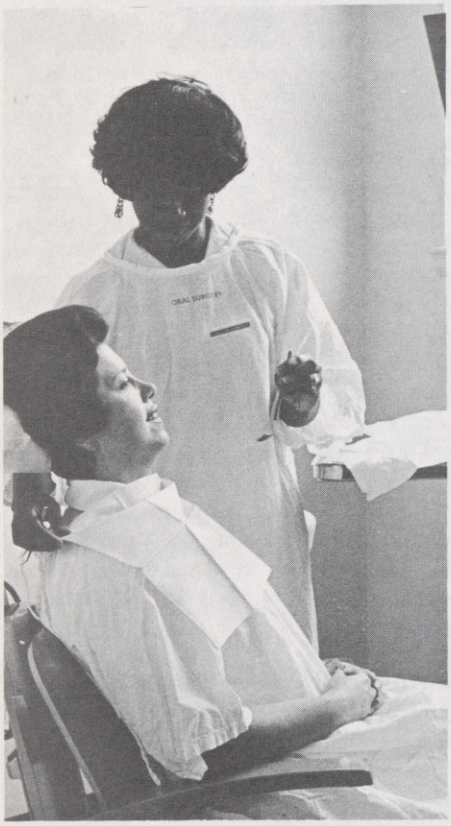
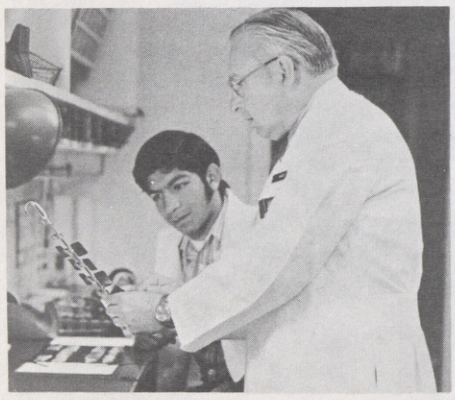
participate. "For the first time at UCSF there were not enough students to fill available summer jobs; we were unable to fill all available positions," said Roland Joseph. "We had the jobs, but the agencies did not have the additional funds to supply salaries."

Next year other areas of educational exposure will be explored and changes will be made in compliance with suggestions from department supervisors, counselors and from the youths themselves, who were given the opportunity to document their own experiences and observations.



Alice Joseph was rehired in Oral Surgery for the coming year — she'll become a dental hygienist.



Jose Sandoval learns to recognize a cavity in Oral Roentgenology Division. Dr. Clyde Parks supervises.

EPIDEMIOLOGICAL CANCER STUDY GRANT FOR HOOPER FOUNDATION

The National Cancer Institute, NIH, has awarded Nicholas Petrakis, M.D., a research grant of $1.7 million for a 5-year study of the genetic epidemiology and natural history of cancer.

Dr. Petrakis, Professor of Preventive Medicine, Ambulatory & Community Medicine and Associate Director of the George W. Hooper Foundation, said, "We hope that the results of these studies can be applied to programs of prevention and early detection of cancer."

The grant makes possible the continuation and expansion of a program started in 1970 and involves the combined research findings and advice of experts from many fields both at UCSF and at the Kaiser-Permanente Hospital in San Francisco and Oakland.

The goal of the research is to learn how hereditary traits, environment, anthropological and sociological factors, ethnic background and personality types determine a person's susceptibility to cancer.

The multiracial population of the Bay Area offers an exceptional opportunity to study the differences in susceptibility to cancer among varied ethnic groups.

The researchers are evaluating such hereditary factors as various blood characteristics to see if persons with certain kinds of genetic "markers" tend to develop cancers; also, whether such "markers" differ in persons with tumors now thought to be environmentally influenced, such as cervical cancer, and in persons with tumors thought to be strongly influenced by heredity, such as breast cancer.

In a natural development from his studies of earwax type, which suggested that breast cancer may be more common in populations with wet apocrine earwax secretions than in those with dry, Dr. Petrakis is turning his attention to breast duct secretions, which are also of apocrine nature. Secretions will be painlessly obtained from the breast ducts of women of all ages and racial groups, including women who have had benign breast cysts or breast cancer, and from relatives of women with breast cancer.

This technique was developed by Dr. Otto Sartorius, a Santa Barbara surgeon and research associate of Hooper Foundation. Says Dr. Petrakis, "Study of the breast secretions offers the possibility of a "pap" smear test of detection of early breast cancer, similar to that so successfully used to diagnose early cervical cancer." The secretions will be analyzed also for possible breast tumor viruses and potential carcinogenic chemicals.

Other UCSF collaborators in the project are experts in the fields of sociology, anthropology, psychology, genetics, immunology, statistics, computer science, biochemistry and clinical medicine. Thus the research of many professionals drawn from an extensive field of knowledge will be pooled in a concerted effort to untangle some of the many threads that make up the complex patterns of susceptibility to cancer.

AFFIRMATIVE ACTION REPORT FROM ARCHITECTS AND ENGINEERS

"To date," reports Jim Louie, "we note the following affirmative action:

1. Increased number of minority contractors are bidding on campus construction.

2. Successful bidder on floor covering contract for Clinics Expansion Project is Wilbert Carney, a minority contractor, whose bid was $124,908. This was the largest award in recent history to a wholly-owned minority firm.

3. Form letters were mailed to all identifiable minority contractors in San Francisco informing them of this campus' commitment to Affirmative Action. Out of more than 80 letters sent, 33 have replied that they are interested in being notified of future jobs for bidding.

The Contract Compliance Officer's job is to acquaint contractors of our university procedures and practices.

4. A campus advisory committee for Affirmative Action in Construction has been formed to follow the activities of our program and to keep the campus community informed of developments. The committee includes representatives of the Concerned Employees Council, Black Caucus, SEC, LACU and Asian Employees."

MORE INFORMATION NEEDED

The Campus Bulletin would like the faculty, staff and student body to submit items about themselves or about colleagues to appear in "Bulletin Briefs."

Send the details of honors, awards, elections, appointments, speeches given, meetings presided over and so on, to Office of Public Information.

Copy deadline is 30 days prior to the next month's bulletin.

THANKSGIVING DINNER FOR SMALL FAMILIES OR GROUPS

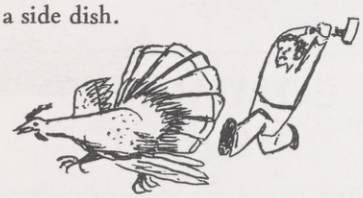
Planning to be the host or hostess for a Thanksgiving dinner this year? If yours is a small group – say five or less – you might want to vary the traditional Thanksgiving meal.

Instead of purchasing a small roasting turkey (which may not be as juicy as a larger, meatier bird), try roasting Cornish game hens – one for each guest. Your favorite butcher can advise you if you're a first-time cornish hen cook. And here is an excellent recipe for Stuffing for Cornish Hens (thanks to Kathleen Davy, Department of Obstetrics):

½ loaf stale bread, grated
½ lb. ground beef, sauteed
¼ lb. bulk sausage, sauteed
melted butter or margarine (¼ lb.)

2 medium onions, chopped fine
1 cup fresh chestnuts, chopped fine
½ tsp. marjoram, salt, pepper to taste.
(If too dry, add applesauce for moisture)

Melt butter in skillet. Saute onions, meat and chestnuts (use water chestnuts if 'fresh' are not available). Place in a bowl the grated bread, sauteed onions, chestnuts and meat and add seasonings. Toss until thoroughly moistened. This is enough for two to four hens, depending on the size of the birds. Stuff loosely as dressing will expand as it cooks. Place extra dressing in a buttered casserole and cook for last hour that the birds are in oven. Serve as a side dish.



Kathy Bramwell's
CORN BREAD STUFFING

(For 12-18 pound turkey)

Take two pans of corn bread (package mix is fine) and break it up into very small pieces in large bowl – use your hands.

Saute: 2-3 large onions in butter or margarine;
Lots of celery, parsley
1 lb. mushrooms.

Add this to crumbled corn bread. Take 2 chicken buillion cubes dissolved in one cup hot water and mix well with above ingredients.
Salt & pepper to taste.
Poultry seasoning and sage to taste.
Prepare early in the day. Stuff turkey loosely as dressing will expand and absorb liquid from the turkey.

You've always wanted to serve Escargot to company. Well, do it on Thanksgiving. Here's Bobbi duBois' tempting recipe for Escargots a La Bourguignonne:

10-12 cloves garlic
6 cloves shallots
parsley
¼ tsp. nutmeg
½ oz. brandy
¾ lb. butter
3 doz. snails (purchase from gourmet food shops)

With French Chef's knife, chop the garlic and shallots to almost powder fineness. Similarly chop enough parsley leaves to get two teaspoons full. Thoroughly blend the garlic, shallots, parsley, nutmeg and brandy together. Sterilize the snail shells by boiling them in water for 20 minutes. Drain all water from the shells. In each shell place a small amount of the butter sauce. Now place the snail in the shell and fill the remaining part of the shell with butter sauce. Place snails on a snail dish (escargotiere), and put into an oven preheated to 450°. The escargots are ready to serve as soon as the butter boils. Serve very hot, as an appetizer.

* * *

Thanksgiving isn't Thanksgiving without a special dessert. Fresh fruit fans will love this "Grapes & Sour Cream" treat:

2 lb. Thompson seedless grapes
1 pint sour cream
¼ cup brandy
¼ cup Cointreau
2 Tbsp. powdered sugar

Wash grapes. Mix well and chill thoroughly before serving. (Brown sugar can be added if desired).

* * *

Or, try this delicious, easy to make, Mocha Dessert by Betsy Minkler.

1 pkg. chocolate Whip & Chill
3 Tbsp. sugar
1 Tbsp. instant coffee
1 cup sour cream

Combine Whip & Chill, sugar and instant coffee. Prepare as directed on package. Blend in sour cream. Chill for two hours and serve topped with whipped cream or Cool Whip. Serves about four. (Add Rum flavoring for a different taste).

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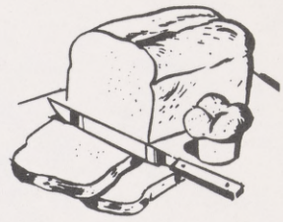

Bread treats can be included, too, like Katherine Lee's Banana-Pumpkin Bread:

½ cup cooking oil
1 cup sugar
2 beaten eggs
¾ cup mashed banana
¾ cup canned pumpkin
2 cups flour
1 tsp. baking soda
½ tsp. each, baking powder & salt
3 Tbsp. sour cream
½ tsp. vanilla

Beat oil and sugar together; add eggs, banana pulp and pumpkin. Beat well. Add sifted dry ingredients, sour cream and vanilla. Mix and pour into two 7½ x 3½ inch loaf pans or one large loaf pan. Bake at 350 degrees for 45-55 minutes. (Test readiness by inserting toothpick into center; if it comes out clean, bread is ready). Cool and store in refrigerator overnight before slicing.

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The recipes above appear in Volume II of the "Gourmet Physician", published by the Department of Obstetrics & Gynecology at UCSF. Largely the effort of enthusiastic residents and their wives, the collection of recipes have come from UCSF faculty, faculty wives, and employees (including staff at San Francisco General Hospital).

In addition to recipes, the book contains a special section on menu planning, measurement equivalents, an herb guide, time table for cooking meat, ways to use leftovers, quantity chart for large crowds, baking hints, diet hints, stain removal guide, freezing how-to's, and a first aid and illness guide, as well as a year-round gardening chart.

Both Volumes I and II of "The Gourmet Physician" are for sale. Contact Mrs. Marie McCabe, administrative assistant in the Department (1490 Moffitt, ext. 1822). The cookbooks cost $2.50 each; proceeds support many of the activities of the Department.

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Permit No. 8285

The Campus Bulletin is published by the Office of Public Information, University of California, San Francisco. Send news information for publication to Donna Chaban, 1483–4th Avenue. Copy deadline is one month before publication date.

The Campus Bulletin is published eight months per year. In October, November, February, March and May, *The Campus Bulletin* is available on newsstands at ten central locations on campus. In September, December and June, *The Campus Bulletin* is mailed to the homes of all students, faculty, house staff and employees.

BULLETIN BRIEFS

The following members of our faculty became new Fellows of the American College of Surgeons during the ACS Congress held in San Francisco during October. They are *Peter M. Braunstein, M.D.,* Assistant Clinical Professor of Surgery; *Michael S. Taekman, M.D.,* Clinical Associate, Neurosurgery; *Edmond D. Butler, Jr., M.D.,* Associate Clinical Professor of Surgery; *William L. Newmeyer II, M.D.,* Clinical Instructor of Surgery; *Wilbert A. Roth, M.D.,* Clinical Instructor, Ob-Gyn; and *Muriel Steele, M.D.,* Assistant Clinical Professor of Surgery, Ambulatory & Community Medicine.

* * *

Fourth-year medical student *Pamela Sutton* was one of 37 senior medical students to be awarded grants by the Medical Assistance Programs-Reader's Digest International Fellowships for 1972-73. Miss Sutton will serve a rotation in Nepal or India during March, April and May of next year, in conjunction with her award.

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Laura A. Loughran, a 1972 alumna of the UCSF School of Nursing, recently completed a 5-week army nurse and medical specialist corps officer basic course at Fort Sam Houston, Texas. Laura is a native of San Rafael and attended San Domenico High School there. She received her B.S. in Nursing in June.

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Central Reproduction will open its new *Quick Copy Center* on January 1st. The Center will be located in room N229. Use of the "quick copy service" will eliminate the need for preparation of mimeograph stencils, ditto masters, etc. Runs of 100, 200, or 300 copies will cost about 1 ¢ per copy.

For further information call Central Reproduction Dept., extension 1201.

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Robert M. Cooper, Pharm.D., a 1964 alumnus of the UCSF School of Pharmacy, has been appointed assistant dean of the School of Pharmacy of SUNY-Buffalo. He has been on its faculty since 1967.

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Gregory D. Wilcox, DDS, a June alumnus of the UCSF School of Dentistry, also just completed an Officer training course at Ft. Sam Houston at its Medical Field Service School. Dr. *Wilcox* is from Orinda, California.

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Michael T. Mahoney, M.D., first-year resident in orthopaedic surgery, has been awarded a United Cerebral Palsy clinical fellowship to continue his studies at UCSF, under the direction of *Dr. Robert L. Samilson,* Associate Clinical Professor in the Department of Orthopaedic Surgery. The amount of the fellowship for nine months was $7600.

WHO

COMMUTERS DELIGHT

Newcomers to the UCSF campus who make the daily commute to and from Marin County might not know that the San Francisco campus has its own fleet of commuter buses for the convenience of students, faculty and employees on this campus, and for others who work in the nearby neighborhoods.

The bus picks up riders at convenient points in Marin County, beginning at Petaluma, all the way to Sausalito, and goes directly to the door of Moffitt Hospital.

At 5 o'clock, riders board at 3rd and Parnassus and return to their point of origin.

UC-Marin commuters can read, nap and relax while other commuters fight the traffic. On Mondays and Fridays at 5 p.m., bar service is available at 50¢ a drink.

For details and a trial ride, call Bryan Chapman, extension 2911 on campus.